

## **WISCONSIN EPI EXPRESS**

**September 3, 2004**

[Wisconsin Department of Health & Family Services](#)

Division of Public Health  
Bureau of Communicable Diseases and  
Preparedness

"Surveillance provides information for action." [World Health Organization](#)

*The WISCONSIN EPI EXPRESS provides a regular update on communicable disease issues of importance in our state and is intended primarily for participants in the public health surveillance system. Please let us know if the topics covered are on target or if there are others that we should be addressing. Thank you. Herb Bostrom: [bostrhh@dhfs.state.wi.us](mailto:bostrhh@dhfs.state.wi.us)*

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### **1. STATE AWARDS FUNDS FOR LOCAL TUBERCULOSIS PROGRAMS**

Four local health departments are the first recipients of this fiscal year's grant funds to prevent a resurgence of tuberculosis in Wisconsin. Local health departments in Barron County, Pepin County, Sheboygan County, and Walworth County will share \$38,500 to ensure tuberculosis services are available for their residents.

"While TB case numbers in the state have declined over the past 4 years, the cost to cure each TB case has risen, and we are left with some of the most difficult to treat patients. A minimum, solid infrastructure in every community is essential to maintain control of TB," stated Jeffrey Davis, Chief Medical Officer and State Epidemiologist for Communicable Diseases and Preparedness. The grants to local health departments will fund public health workers to deliver medications each day to TB patients for the 6-12 months it takes to cure TB. The grants will also fund testing and treatment of persons at risk of tuberculosis infection to prevent their infection from progressing to active disease. "TB prevention is a cost-effective investment, much less costly than fighting a drug resistant outbreak," Davis said.

There are currently 9 active public health TB dispensaries in Wisconsin:

- Barron County
- Brown County
- Dane County
- Dunn County
- City of Milwaukee
- Pepin County
- St. Croix County
- Sheboygan County
- Walworth County

Reimbursable services for at-risk populations through these dispensaries include:

- Tuberculin skin testing
- Medical evaluation
- Chest x-ray
- Sputum specimen collection

For persons with active tuberculosis disease (in addition to the above):

- Directly observed therapy
- Case management
- Collection of serologic specimens

Steps to TB Dispensary Approval:

- Local health department requests dispensary approval.
- Local health departments have meetings with TB Program, DPH regional office, and local providers.
- Submission of dispensary plan and budget
- Approval of request and signing of Memorandum of Understanding

For more information, contact June Doyle (608) 266-9452.

## **2. EDUCATING PROVIDERS ABOUT LATENT TB INFECTION**

The Centers for Disease Control and Prevention and the American Thoracic Society revised their recommendations regarding targeted tuberculin testing and treatment of latent TB infection in year 2000 and updated those recommendations in 2001 and 2003. The recommendations and updates can be found at URL [http://www.cdc.gov/nchstp/tb/pubs/mmwrhtml/mmwr\\_updates.htm](http://www.cdc.gov/nchstp/tb/pubs/mmwrhtml/mmwr_updates.htm)

To help disseminate information about these revisions and updates, the TB Program revised the Antituberculosis Therapy Program Initial Request for Medication (DPH 4000) to include the new recommendations (page 2). This revision is dated 08/03 and can be found at URL [http://www.dhfs.wisconsin.gov/dph\\_bcd/TB/Resources/forms.htm](http://www.dhfs.wisconsin.gov/dph_bcd/TB/Resources/forms.htm)

To further assist your education efforts, a succinct memo summarizing the major new points in latent TB treatment has been added to the TB Program web. Feel free to print the memo and disseminate to clinicians in your jurisdiction when discussing issues of LTBI treatment regardless of age, 9 months of isoniazid vs. 6 months, and obtaining free medication through public health. The memo can be found at URL

[http://www.dhfs.wisconsin.gov/dph\\_bcd/TB/pdf/LTBI\\_treatmentmemo.pdf](http://www.dhfs.wisconsin.gov/dph_bcd/TB/pdf/LTBI_treatmentmemo.pdf)

A link to the memo is provided on the first page of the TB Program web under the heading "IMPORTANT NEWS." This memo should serve as a helpful supplement to information in the Outline for Case Management-Person with Latent TB Infection-LTBI.

For questions or comments about tuberculosis and the TB Program web, contact the TB Program at (608) 266-9692.

## **3. TB CONTROL IN COUNTY JAILS**

A recent article in CDC's MMWR highlights tuberculosis as a substantial health concern in correctional facilities. Morbidity and Mortality Weekly Report 2004 Aug 20; Volume 53, Number 32:734-8; Tuberculosis Transmission in Multiple Correctional Facilities-Kansas, 2002-2003. The complete article can be found at URL <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5332a2.htm>

In September 2002, after diagnosis of smear-positive pulmonary TB in a Kansas prison inmate, the Kansas TB Control Program, with assistance from CDC, initiated a six-month contact investigation. The investigation determined that the inmate had resided in three different jails and a state prison while symptomatic for TB, placing hundreds of employees and other inmates at risk for TB infection. The circumstances of this case underscore the need for effective TB infection control plans to be implemented by trained employees in jails and prisons and for establishment of mechanisms to facilitate information sharing between correctional facilities and local and state health departments.

Inmates and employees are at high risk for TB and outbreaks can lead to transmission in surrounding communities. The Advisory Council for the Elimination of Tuberculosis (ACET) recommends that all correctional facilities have a written TB infection-control plan. Recognizing the risks, the TB Program organized a workgroup in 1995 to address concerns of TB in county jails. The workgroup consisted of representatives from Department of Commerce, Department of Corrections, Department of Justice, local health departments, county jail staff, and jail nurses. The outcome was a model TB Infection Control Plan for County Jails released in 1998. The plan has been updated to reflect current CDC recommendations and is available at URL [http://www.dhfs.wisconsin.gov/dph\\_bcd/TB/Resources/guidelines/guideline.htm](http://www.dhfs.wisconsin.gov/dph_bcd/TB/Resources/guidelines/guideline.htm)

For additional information about preventing and controlling TB in correctional facilities, contact the TB Program at (608) 266-9692.

#### **4. ENTERIC PATHOGEN CASES LINKED TO CANADIAN PETTING ZOOS PROMPT AWARENESS**

Six recent cases of E. coli 0157 illness in children in British Columbia were linked to two petting zoos in that Canadian province. Canadian public health authorities reported two disease clusters, one of four children who had visited one petting zoo in early July and another of two children who had visited a different zoo in early August. Petting zoo animals can have feces in their fur from lying in their droppings, and Canadian disease investigators believe infection occurred by children rubbing their faces in the fur of the animals or simply by petting the animals and not washing their hands afterward.

There are a number of petting zoos in Wisconsin, and they are a favorite tourist attraction, particularly for small children. Pathogenic E. coli infection can be particularly serious in young children, and there are a number of other enteric illnesses that can be transmitted by handling animals. Public health and infectious disease control experts should consider the possibility of an animal source whenever they encounter an appropriate illness in a young child, particularly during the seasons of outdoor tourist season, when opportunities for exposure are increased. We would also hope that public health and infectious disease professionals would take every opportunity to promote hand hygiene and good handwashing practices with the general public, especially for children after exposure in petting zoos and similar animal contact settings.

For more information, please contact Jim Kazmierczak at (608) 266-2154.

## **5. DHHS RELEASES DRAFT NATIONAL PANDEMIC INFLUENZA RESPONSE AND PREPAREDNESS PLAN FOR COMMENT**

On August 26, the US Department of Health and Human Services published a draft national influenza pandemic plan on its website <http://www.hhs.gov/nvpo/pandemicplan/>, and will accept public comments on it for the next 60 days. The draft includes a core document, which incorporates the HHS Concept of Operations Plan for Public Health and Medical Emergencies (CONOPS), and 12 annexes. The core plan describes coordination and decision making at the national level; provides an overview of key issues; and outlines action steps that should be taken at the national, state, and local levels before and during a pandemic. Annexes provide additional information to health departments and private sector organizations for use in developing local preparedness plans as well as additional technical information to support the core document. The 12 annexes are:

- Annex 1: Planning Guidance for State and Local Health Departments
- Annex 2: Planning Guidance for Health Care System
- Annex 3: Overview of Influenza Illness and Pandemics
- Annex 4: Surveillance
- Annex 5: Vaccine Development and Production
- Annex 6: Vaccination Strategies, Monitoring, and Safety
- Annex 7: Antiviral Strategies and Use
- Annex 8: Strategies to Limit Transmission
- Annex 9: Communication and Education
- Annex 10: Pandemic Influenza Research
- Annex 11: Lessons learned from the 1976 Swine Flu Program
- Annex 12: Synergies and Differences in Preparedness and Response for Influenza and other Infectious Disease Threats

A notice announcing the draft plan also was published in the August 27 edition of the Federal Register, and may be viewed on line at <http://a257.g.akamaitech.net/7/257/2422/06jun20041800/edocket.access.gpo.gov/2004/04-19285.htm>

More information can be obtained by calling the National Immunization Information Hotline (1-800-232-2522). For information on Wisconsin's influenza pandemic preparedness planning efforts, call Tom Haupt (608) 266-5326.

## **6. DPH HOLDS PRESS CONFERENCE ON PERTUSSIS**

Scheduled to coincide with the start of the school year, First Lady Jessica Doyle joined state health officials in a press release, warning parents and teachers about the increasing incidence of pertussis in Wisconsin. The release was intended to warn teachers and school officials to be particularly alert for signs of the disease in students, because of increases in reported pertussis in the state so far this year. The press release may be viewed online at <http://dhfs.wisconsin.gov/news/pressreleases/2004/082604pertussisconf.htm>  
For more information contact Dan Hopfensperger at (608) 266-1339.

## **7. SIX MONTH REPORT OF COMMUNICABLE DISEASES AVAILABLE**

A table showing morbidity by county for a number of infectious diseases in the period January-June 2004 is now available. The table is included here as an Excel worksheet.

Further information may be obtained by calling John Archer at (608) 267-9009.

### **Telephone Reporting of Unusual Disease Occurrences**

*Occurrences of diseases that are uncommon or atypical in Wisconsin, and outbreaks or clusters of disease which are identified, should be reported by phone as soon as possible, to (608) 258-0099. Reports may be made to this number on a 24/7 basis, but please do not use it for normal and routine disease reporting*

#### **To be added to or removed from the distribution list contact:**

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